

ART B - FEE(S) TRANSMITTAL

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27896 7590 06/01/2005

EDELL, SHAPIRO & FINNAN, LLC
1901 RESEARCH BOULEVARD
SUITE 400
ROCKVILLE, MD 20850

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(Depositor's name)
(Signature)
(Date)

08/30/2005 HDESTA2 00000047 10849526

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/849,526	05/20/2004	Randall Fenkell	0633.0001C	5581
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TITLE OF INVENTION: THERAPEUTIC BACK EXERCISE MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/01/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
THANH, QUANG D	3764	601-101000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, **Edell, Shapiro, & Finnan, LLC**
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Randall Fenkell

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
West Bloomfield, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **05-0460** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date **8/26/05**

Typed or printed name **Ira C. Edell**

Registration No. **24,119**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/849,526
Applicant : Randall Fenkell
Filed : May 20, 2004
TC/A.U. : 3764
Examiner : Thanh, Quang D.
Confirmation No. : 5581
Docket No. : 0633.0001C
Customer No. : 27896
Title : Therapeutic Back Exercise Machine

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Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

ISSUE FEE TRANSMITTAL

Transmitted herewith is an Issue Fee Transmittal (Form PTOL 85b) for the above-identified application.

Fees:

- ☒ Issue Fee of \$700
☒ Other Fees: \$300 for Publication Fee

Total fee: \$1000

Payment of Fees:

- ☒ Check No. 9073 in the amount of \$1000 for the total fee is attached.
- ☐ Please charge \$_____ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
- ☒ The Commissioner is hereby authorized to charge any additional fees that may be required, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: 8/26/05

EDELL, SHAPIRO & FINNAN, LLC
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1901 Research Boulevard, Suite 400
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Respectfully submitted by

EDELL, SHAPIRO & FINNAN, LLC

By: _____



Ira C. Edell
Reg. No. 24,119